

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 004 ****55.00

DOCUMENT # L04000022811



1. Entity Name
168 CAPITAL INVESTMENT, L.L.C.

Principal Place of Business
168 S.E. 1ST STREET, 6TH FLOOR
MIAMI, FL 3313

Mailing Address
168 S.E. 1ST STREET, 6TH FLOOR
MIAMI, FL 3313

2. Principal Place of Business
168 S.E. 1st Street
Suite, Apt. #, etc. 600

3. Mailing Address
168 S.E. 1st Street
Suite, Apt. #, etc. 600

City & State
MIAMI - FL

City & State
MIAMI - FL

Zip
33131

Country
USA

Zip
33131

Country
USA

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
83-0392478

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAN, NORBERTO M
168 S.E. 1ST STREET, 6TH FLOOR
MIAMI, FL 3313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROMAN, NORBERTO M
168 S.E. 1ST STREET, 6TH FLOOR
MIAMI, FL 3313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

NORBERTO ROMAN JAN-10-05 (305) 371-6810